

Inventor Information

Inventor One Given Name:: Anne
Family Name:: Hover
Name Suffix::
Postal Address Line One:: 8721 Village Road
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State or Province:: CA
Country::
Postal or Zip Code:: 90293
City of Residence:: Playa Del Rey
State or Prov. of Residence:: CA
Country of Residence::
Citizenship Country:: U.S.A.

Inventor Two Given Name:: Dr. Roy
Family Name:: Sanders
Name Suffix::
Postal Address Line One:: 3611 Beach Drive
Postal Address Line Two::
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State or Province:: FL
Country::
Postal or Zip Code:: 33629
City of Residence:: Tampa
State or Prov. of Residence:: FL
Country of Residence::
Citizenship Country:: U.S.A.

Inventor Three Given Name:: Donald Martin
Family Name:: Sturgeon
Name Suffix::
Postal Address Line One:: 9 Saddle Lane
Postal Address Line Two::
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State or Province:: DE
Country::
Postal or Zip Code:: 19803
City of Residence:: Wilmington
State or Prov. of Residence:: DE
Country of Residence::
Citizenship Country:: U.S.A.

Given name of Applicant::
Family Name::
Name Suffix::
Authority under 1.42::
Authority under 1.43::
Authority under 1.47::
Postal Address Line One::
Postal Address Line Two::
City::
State or Province::
Country::
Postal or Zip Code::
City of Residence::
State or Prov. of Residence::
Country of Residence::
Citizenship Country::

Correspondence Information

Correspondence Customer Number:: 00164
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Application Information

Title Line One:: Bone Fracture Support Implant
Title Line Two:: With Non-Metal Spacers (As amended)
Total Drawing Sheets:: 5
Formal Drawings?:: Y
Application Type:: Utility
Docket Number:: A227.12-0055
Licensed US Govt. Agency::
Contract or Grant Numbers::
Secrecy Order in Parent Application?::

Representative Information

Representative Customer Number:: 00164

Continuity Information

This application is a:: Continuation of
> Application One:: 09/289,324
Filing Date:: April 9, 1999
Patent Number::
which is a::
>> Application Two::
Filing Date::
Patent Number::

Prior Foreign Applications

Foreign Application One::
Filing Date::
Country::
Priority Claimed::

Assignee Information

Name:: DePuy Orthopaedics, Inc.
Address line one:: 700 Orthopaedic Drive
Address line two:: P.O. Box 988
City:: Warsaw
State or Province:: IN
Postal or zip code:: 46581-0988